



Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL
For FY 2005☒ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 715.00

Complete if Known

Application Number	10/766,801
Filing Date	27 January 2004
First Named Inventor	McCallister
Examiner Name	Bayard
Art Unit	3261
Attorney Docket No.	2298-030

METHOD OF PAYMENT (check all that apply)☒ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____☐ Deposit Account Deposit Account Number: _____ Deposit Account Name: _____

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee☐ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☐ Credit any overpayments**WARNING:** Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180
Total Claims	Extra Claims	Fee (\$)
52 - 49 or HP = 11	x 25	= 275.00
HP = highest number of total claims paid for, if greater than 20.		
Indep. Claims	Extra Claims	Fee (\$)
5 - 3 or HP = 2	x 100	= 200
HP = highest number of independent claims paid for, if greater than 3.		
Multiple Dependent Claims		
Fee (\$)	Fee Paid (\$)	

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
_____	_____	_____ / 50 = _____ (round up to a whole number) x _____	_____	_____

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): Petition for One Month Extension, Supplemental IDS

Fees Paid (\$)

240.00

SUBMITTED BY

Signature	<i>Lowell W. Gresham</i>	Registration No. (Attorney/Agent) 31,165	Telephone (602) 274-6996
Name (Print/Type)	Lowell W. Gresham		Date 08/26/2005

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

08/30/2005 HGUTER1 00000042 10766801 180.00 DP 04 FC:1806



1EW

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: McCallister

Serial No.: 10/766,801

Filed: 27 January 2004

For: *DISTORTION-MANAGED DIGITAL RF COMMUNICATION TRANSMITTER
AND METHOD THEREFOR*

CERTIFICATE OF MAILING

MAIL STOP FEE AMENDMENT
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

I hereby certify that this correspondence, consisting of this Certificate of Mailing;
Amendment in response to Office Action dated 16 May 2005; Fee Transmittal Form (In duplicate);
Petition for Extension of Time (One Month); Supplemental Information Disclosure Statement with
copies of w/ non-US Patent references cited; a check in the amount of \$715.00 as filing fees; and
a Postcard, are being deposited with the United States Postal Service with sufficient postage as
first class mail in an envelope addressed to:

MAIL STOP Fee Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

on

26 August 2005
Date

26 August 2005

MESCHKOW & GRESHAM, P.L.C.
5727 North Seventh Street
Suite 409
Phoenix, Arizona 85014
(602) 274-6996

Lowell W. Gresham
Signature

Respectfully submitted,

Lowell W. Gresham
Lowell W. Gresham
Attorney for Applicant
Registration No. 31,165